# **Community Pathways Waiver – Revised Draft Proposal**

Service Type: Other Service	
Service (Name):	
Alternative Service Title: <b>REMOTE ELECTRONIC MONITORI</b>	NG
HCBS Taxonomy:	
Check as applicable	
Service is included in approved waiver. There is no change in	service specifications.
Service is included in approve waiver. The service specification	ions have been modified.
X Service is not included in the approved waiver.	

#### **Service Definition:**

Remote Electronic Monitoring provides oversight and monitoring within a home through an offsite electronic <u>surveillance support</u> system in order to reduce or replace the amount of staffing an individual needs.

Service includes:

- A. Electronic surveillance support system installation, repair, maintenance, and back-up system;
- B. Training and technical assistance for the individual and their support network;
- C. Off-site system monitoring staff; and
- D. Stand-by intervention staff for notifying emergency personnel such as police, fire, and backup support staff.

### SERVICE REQUIREMENTS:

- A. Remote Electronic Monitoring is only available for individuals aged 18 or older.
- B. Individuals requesting this service must be preliminarily assessed by their team for appropriateness in ensuring the health and welfare of the all individuals in the residence. These actions must be documented in the person centered plan.
- C. Each individual residing in the residence, guardians, and teams must be made aware of both the benefits and risks of the operating parameters and limitations. Informed consent must be obtained for all individuals in the residence.
- D. The use of this service must be designed and implemented to ensure the need for independence and privacy of the person who receives services in their own home.
- D.E. Remote Electronic Monitoring must be done in real time, by awake staff at a monitoring base using:
  - 1. Engage in live two way communication with the person being monitored video feed;
  - 2. motion sensing systems;
  - 3. radio frequency identification;
  - 4. web-based monitoring systems; or
  - 5. other devices approved by the DDA.

E.F. Use of the system may be restricted to certain hours as indicated in the person centered plan of the individual involved.	
<ul> <li>F.G. To be reimbursed for operating an electronic monitoring and surveillance support system, a provider must adhere to the following:</li> <li>1. The system to be installed must be preauthorized by the DDA</li> <li>2. The electronic monitoring/surveillance support system and on-site response system must be designed and implemented to ensure the health and welfare of the individual(s) and achieve this outcome in a cost neutral manner.</li> <li>G.H. Direct supports are available during transition to remote monitoring.</li> </ul>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Service Delivery Method (check each that applies)  Participant Directed as specified in Appendix E  X Provider Managed	
Specify whether the service may be provided by (check all that applies): Legally Responsible Person Relative Legal Guardian	
<b>Provider Specifications:</b> (Instructions list the following for each type of provider that can deliver the services):	
Provider Category Provider Type Title	
Agency DDA Approved Remote Electronic Monitoring Provider	
Provider Specifications for Services	
Provider Category: Agency	
Provider Type: DDA Approved Remote Electronic Monitoring Provider	
Provider Qualifications License (specify):	
License (specify):	
Certificate (specify):	
Other Standard (specify):	
Provider must:	
1. Be approved by the DDA	

- 2. Be enrolled as a Maryland Medicaid provider
- 3. Assure that the stand-by intervention (float) staff meets the qualifications for direct support professional
- 4. Assure that the system must be monitored by a staff person trained and oriented to the specific needs of each individual served as outlined in his or her person centered plan

# **Verification of Provider Qualifications Entity**

### **Responsible for Verification:**

- DDA for verification of approved provider
- Remote Electronic Monitoring Provider for verification of staff qualifications

# **Frequency of Verification:**

- DDA Prior to service authorization
- Remote Electronic Monitoring Provider prior to service delivery